

ATTACHMENT 1

Medicaid procedure codes for speech and language pathology services effective October 1, 2002

Allowable types and places of service for specific providers	
Independent Therapists, Therapy Groups, and Therapy Clinics Type of service (TOS) = 1	Allowable places of service (POS)* = 0, 1, 2, 3, 4, 7, 8
Rehabilitation Agencies TOS = 9	Allowable POS* = 0, 3, 4, 7, 8

Procedure code	Description	Daily service limit**	Billing limitations	Additional conditions
31575	Laryngoscopy, flexible fiberoptic; diagnostic	1		Use this code if speech-language pathologist actually inserts laryngoscope. Do not use this code if speech-language pathologist is providing an analysis and does not insert the laryngoscope. Instead use code 92506 or G0195, as appropriate. For treatment, use 92507 or 92526, as appropriate. This service is to be performed according to the American Speech-Language-Hearing Association (ASHA) Code of Ethics and ASHA Training Guidelines for Laryngeal Videoendoscopy/Stroboscopy.
31579	Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy	1		Use this code if speech-language pathologist actually inserts laryngoscope. Do not use this code if speech-language pathologist is providing an analysis and does not insert the laryngoscope. Instead use code 92506 or G0195 as appropriate. This service is to be performed according to the ASHA Code of Ethics and ASHA Training Guidelines for Laryngeal Videoendoscopy/Stroboscopy.

*Place of service

0 = Other

4 = Home

1 = Inpatient Hospital

7 = Nursing Home/Extended Care

2 = Outpatient Hospital

8 = Skilled Nursing Facility

3 = Doctor Office

**In accordance with Medicare, providers can not bill for services performed for less than 8 minutes.

Procedure code	Description	Daily service limit*	Billing limitations	Additional conditions
92506**	Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status	1	Cannot use on the same date of service (DOS) as 96105 or 92510.	This code is also used for re-evaluation.
92507**	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	1	Cannot use on the same DOS as 92510.	Therapy addressing communication/cognitive impairment should use this code. If treatment focus is aural rehabilitation as a result of cochlear implant, use code 92510.
92508**	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group, two or more individuals***	1		Group is limited to two to four individuals.
92510	Aural rehabilitation following cochlear implant (includes evaluation of aural rehabilitation status and hearing, therapeutic services) with or without speech processor programming	1	Cannot use on the same DOS as 92506 or 92507.	Prior authorization is always required. Use this procedure code for evaluation and treatment.
92511	Nasopharyngoscopy with endoscope (separate procedure)	1		Use this code if speech-language pathologist actually inserts endoscope. Do not use this code if speech-language pathologist is providing an analysis and does not insert the scope. Instead use code 92506 or G0195 as appropriate. Use this code for evaluation of dysphagia or assessment of velopharyngeal insufficiency or incompetence. This service is to be performed according to the American Speech-Language Hearing Association (ASHA) Code of Ethics and ASHA Training Guidelines for Laryngeal Videoendoscopy/Stroboscopy.
92512	Nasal function studies (eg, rhinomanometry)	1		Use this code if completing aerodynamic studies, oral pressure/nasal airflow, flow/flow studies, or pressure/pressure studies.
92520	Laryngeal function studies	1		Use this code for laryngeal air flow studies, subglottic air pressure studies, acoustic analysis, EGG (electroglottography) laryngeal resistance.

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**Procedure code may be billed under the Birth to 3 prior authorization process.

***Wisconsin Medicaid limits group to 2 to 4 individuals.

Procedure code	Description	Daily service limit*	Billing limitations	Additional conditions
92526**	Treatment of swallowing dysfunction and/or oral function for feeding	1		The recipient must have an identified physiological swallowing and/or feeding problem. This is to be documented using professional standards of practice such as identifying oral phase, esophageal phase or pharyngeal phase dysphagia, baseline of current swallowing and feeding skills not limited to signs of aspiration, an oral mechanism exam, report of how nutrition is met, current diet restrictions, compensation strategies used, and level of assistance needed.
92599	Unlisted otorhinolaryngological service or procedure	1		Prior authorization is always required. Use this code when no other <i>current procedural terminology</i> code description appropriately describes the evaluation or treatment.
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	1.5***	Cannot use on the same DOS as 92506, G0197, G0199, or G0200.	
G0193	Endoscopic study of swallowing function (also fiberoptic endoscopic evaluation of swallowing (FEES))	1		
G0194	Sensory testing during endoscopic study of swallowing referred to as fiberoptic endoscopic evaluation of swallowing with sensory testing (FEEST)	1	Only allowable when used in conjunction with G0193.	
G0195**	Clinical evaluation of swallowing function (not involving interpretation of dynamic radiological studies or endoscopic study of swallowing)	1		

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***96105: The procedure code description defines this code as one hour. One unit of this code = 1 hour. A maximum of 90 minutes or 1.5 units is allowable. If less or more than 1 hour is used, bill in decimals to the nearest quarter hour. For example, 45 minutes = .75 and 30 minutes = .5.

Procedure code	Description	Daily service limit*	Billing limitations	Additional conditions
G0196	Evaluation of swallowing involving swallowing of radio-opaque materials	1		<p>Accompanying a recipient to a swallow study is not reimbursable.</p> <p>This code involves the participation and interpretation of results from the dynamic observation of the patient swallowing materials of various consistencies. It is observed fluoroscopically and typically recorded on video. The evaluation involves using the information to assess the patient's swallowing function and developing a treatment plan for the patient.</p>
G0197**	Evaluation of patient for prescription of speech generating devices	1	Cannot use on the same DOS as 96105.	<p>This code describes the services to evaluate a patient to specify the speech-generating device recommended to meet the patient's needs and capacity.</p> <p>Evaluation of picture communication books, manual picture boards, sign language, the Picture Exchange Communication System, picture cards, gestures, etc., are not included in the reimbursement for this code. Instead use code 92506.</p>
G0198**	Patient adaptation and training for use of speech generating devices	1		<p>This code describes the face-to-face services delivered to the patient to adapt the device to the patient and train him or her in its use.</p> <p>Therapy with a focus on picture communication books, manual picture boards, sign language, the Picture Exchange Communication System, picture cards, gestures, etc., are not included in the reimbursement for this code. Instead use code 92507.</p>
G0199**	Re-evaluation of patient using speech generating devices	1	Cannot use on the same DOS as 96105.	<p>This code describes the services to re-evaluate a patient who had previously been evaluated for a speech-generating device, and is either currently using a device or did not have a device recommended.</p> <p>Re-evaluation of picture communication books, manual picture boards, sign language, the Picture Exchange Communication System, picture cards, gestures, etc., are not included in the reimbursement for his code. Instead use code 92506.</p>

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Procedure code	Description	Daily service limit*	Billing limitations	Additional conditions
G0200**	Evaluation of patient for prescription of voice prosthetic	1	Cannot use on the same DOS as 96105.	<p>This code describes the services to evaluate a patient for the use of a voice prosthetic device, e.g., electrolarynx, tracheostomy speaking valve, etc.</p> <p>Evaluation of picture communication books, manual picture boards, sign language, the Picture Exchange Communication System, picture cards, gestures, etc., are not included in the reimbursement for this code. Instead use code 92506.</p>
G0201**	Modification or training in use of voice prosthetic	1		<p>Examples of voice prosthetic devices include, but are not limited to, electrolarynx and tracheostomy-speaking valves.</p> <p>Therapy to address picture communication books, manual picture boards, sign language, the Picture Exchange Communication System, picture cards, gestures, etc., are not included in the reimbursement for this code. Instead use code 92507.</p>

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